

United States Environmental Protection Agency  
Washington, D.C. 20460  
**DATA CALL-IN RESPONSE**

OMB Approval 2070-0174  
EPA FORM 6300-4

**INSTRUCTIONS:** Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.  
Use additional sheet(s) if necessary.

1. Company Name and Address  
ARIZONA'S BEST POOL SERVICE  
P.O. Box 20254  
MESA, AZ 852770254

2. Case # and Name  
0569 - Trichloro-s-triazineirone  
Chemical # and Name: 081405  
Trichloro-s-triazineirone

3. Date and Type of DCI and Number  
17-Jun-2019  
GENERIC  
ID # GDCI-081405-1804

4. EPA Product  
Registration

5. I wish to cancel  
this product  
registration  
voluntarily

6. Generic Data

6a. I am claiming a Generic Data  
Exemption because I obtain the  
active ingredient from the source  
EPA registration number listed  
below.

6b. I agree to satisfy Generic Data  
Requirements as indicated on the  
attached form entitled  
"Requirements Status and  
Registrant's Response."

7. Product Specific Data

7a. My product is an MUP and I  
agree to satisfy the MUP  
requirement on the attached form  
entitled "Requirements Status and  
Registrant's Response."

7b. My product is an EUP and I  
agree to satisfy the EUP  
requirement on the attached form  
entitled "Requirements Status and  
Registrant's Response."

88896-2

88896-3



N/A  
N/A

N/A  
N/A

**\*Product ingredient source information may be entitled to confidential treatment\***

8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.

Signature and Title of Company's Authorized Representative

*[Signature]* - Agent

9. Date

6/19/2019

10. Name of Company

*ARIZONA'S BEST POOL SERVICE*

11. Phone Number

480-263-7305